

**MULTIPLE DEPENDENT CLAIM  
 FEE CALCULATION SHEET**  
 (FOR USE WITH FORM PTO-875)

SERIAL NO. **10/070312**  
 FILING DATE \_\_\_\_\_  
 APPLICANT(S) \_\_\_\_\_

CLAIMS											
	BEFORE			AFTER							
	IND.	DEP.		IND.	DEP.		IND.	DEP.		IND.	DEP.
1	/		/	/							
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\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS